



Monoclonal Antibody Administration Flow Sheet

Patient Name

Date

Medication (check one): ☐ Bamlanivimab 700 mg ☐ Casirivimab 1200mg/ Imdevimab 1200mg

☐ Manufacturer Fact Sheet reviewed with patient/responsible party and patient consent obtained

☐ Short peripheral IV site inserted into (location) _____

☐ **Monitoring:**

- Assess vital signs prior to initiating infusion
- Assess vital signs and signs of reaction every 15 minutes during infusion and every 15 minutes post infusion for one hour
 - Potential signs/symptoms of infusion reaction: Fever, chills, nausea, headache, bronchospasm, hypotension, angioedema, throat irritation, rash including urticarial, pruritus, myalgia, and dizziness

Vital signs (VS)	Time	BP	Pulse	Resp	Temp	O ₂ Sat	Infusion Rate (mL/hr)	s/s reaction noted (list)*	Initials
Pre Infusion									
Monoclonal Antibody initiated at _____ (time). Remain with patient for first 15 minutes.									
every 15 min									
every 15 min									
every 15 min									
every 15 min									
every 15 min									
every 15 min									
every 15 min									
every 15 min									
Infuse over at least 60 minutes									
every 15 min									
every 15 min									
every 15 min									
every 15 min									
Infusion Completed at _____ (time)									
every 15 min									
every 15 min									
every 15 min									
every 15 min									

*Document any reactions/complications in nurses' notes

Initials/Signature

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Initials/Signature		
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